

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>11-30-05</u>		2 Serial/Patent # <u>10/521470</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition		Refund Ref: <u>12/01/2005</u>	<u>003800</u> / <u>274</u> \$
Issue		Credit Card	Refund Total: <u>\$100.00</u>
Cert of Correction/Terminal Disc.		Am Exp.: XX	XXXXXXXXXX1040
Maintenance			\$
Assignment			\$
other			\$
		7 TOTAL AMOUNT OF REFUND	\$
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
Overpayment		Credit Deposit A/C #:	
Duplicate Payment		Refund Ref: <u>12/01/2005</u>	<u>9</u> <u>83802</u> <u>275</u>
No Fee Due (Explanation):  Am Exp.: XXXXXXXXXX1040			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____	
SIGNATURE: <u>B. Campbell</u>		PHONE: _____	
OFFICE: <u>PTO/BALFO</u>		Adjustment date: <u>12/01/2005</u> BCAMPBEL Refund Ref: <u>12/01/2005</u> Serial No: <u>10/521470</u> Fee: <u>100.00</u> Adjustment amount: <u>100.00</u> UP	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>83802</u>		DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**